WhiteStarLogistics

Payment by Credit Card
*Please print information neatly below.

Name on Credit Card: _____

Street Address _____

City: _____ *State* _____ *Zip* _____

Type of Credit Card: Mastercard • Visa • American Express • Discover

Credit Card Number _____ *Expiration:* _____

Signature: _____ *Date:*

Card Security Code (CVV2) _____

Telephone Number _____ *FAX Number:* _____

Date _____

Amount _____

Re: _____

_____

_____

_____

Please attach this page to any payments delivered by mail.
You may Fax or Mail in payment to the address below.
Thank you!

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